

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
Sandra
Martinez

OFFICE USE ONLY

Date Received

03 JUL 22

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Date Hand-delivered or Date Postmarked

AM 10:47

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

PO Box 201257 San Antonio Tx
78220

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
NICKNAME LAST SUFFIX
Clinton
Maynard

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5515 Kless San Antonio Tx 78242

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 378-1715

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year THROUGH Month Day Year

04 / 24 / 2003 THROUGH 06 / 30 / 2003

10 ELECTION

ELECTION DATE
Month Day Year

05 / 03 / 2003

ELECTION TYPE

☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

NA

12 OFFICE SOUGHT (if known)

AA City Council Dist. 2

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

- none -

Address / PO Box; Apt. / Suite #; City; State; Zip Code

- none

☐ additional pages

GO TO PAGE 2

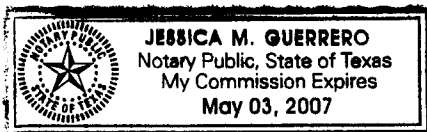
CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME <u>Sandra Martinez</u>		15 ACCOUNT # (Ethics Commission filers) <u>n/a</u>
16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 NO REPORTABLE ACTIVITY <input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)		
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>50.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2500.00</u>
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4159.49</u>
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Sandra Martinez
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Sandra Martinez, this the 18 day of July, 2003, to certify which, witness my hand and seal of office.

Jessica M. Guerrero
Signature of officer administering oath

Jessica M. Guerrero
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2

2 FILER NAME

Sandra Martinez

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

4-24-03

5 Full name of contributor

☐ out-of-state PAC (ID#:

Hector R. Valdez

6 Contributor address; City; State; Zip Code

923 CLARK San Antonio TX
78210

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

03 JUL 22

CITY OF SAN ANTONIO
CITY CLERK
RECEIVED

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4-24-03

Full name of contributor

☐ out-of-state PAC (ID#:

Herrera's Home Building

Contributor address; City; State; Zip Code

2931 Roosevelt H Ave San Antonio TX
78214

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

03 JUL 22

CITY OF SAN ANTONIO
CITY CLERK
RECEIVED

Principal occupation (Optional)

Employer (Optional)

Date

4-24-03

Full name of contributor

☐ out-of-state PAC (ID#:

Andrew Poznecki

Contributor address; City; State; Zip Code

31090 Longhorn Tr. Bulverde TX 78163

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-24-03

Full name of contributor

☐ out-of-state PAC (ID#:

Aldererto Camarillo

Contributor address; City; State; Zip Code

236 Rolling View Dr. Boerne TX 78006

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-24-03

Full name of contributor

☐ out-of-state PAC (ID#:

Jagland Surveyors

Contributor address; City; State; Zip Code

2051 W Huisache San Antonio TX 78201

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2

2 FILER NAME

Sandra Martinez

3 ACCOUNT # (Ethics Commission filers)

n/a

4 Date

4-24-03

5 Full name of contributor

Jose Ruiz

☐ out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

8239 Copley St
San Antonio TX 78258-2834

7 Amount of
contribution (\$)

\$100.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4-24-03

Full name of contributor

Fernando Camarillo

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

1519 Sprunghouse San Antonio TX 78251

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-25-03

Full name of contributor

Maria Montemayor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

6665 FM 3006
San Antonio Pleasonton TX 78064

Amount of
contribution (\$)

\$200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-26-03

Full name of contributor

David Moody

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

18210 Crystal Ridge San Antonio TX 78259

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-29-03

Full name of contributor

Samuel R. Cardenas

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

1104 E. Drexel San Antonio TX 78210

Amount of
contribution (\$)

\$300.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 2

2 FILER NAME

Sandra Martinez

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

04-26-03

5 Payee name

Allied

6 Payee address; City; State; Zip Code

3700 Blanco Rd San Antonio TX 78212

7 Amount

\$1228.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Signs

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

DELETE

~~Heather Ramon Ayala SM~~

Payee address; City; State; Zip Code

4-28-03

~~115 Harcourt San Antonio TX 78223 SM~~~~\$550.00 SM~~

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Mailer

Date

Payee name

Amount (\$)

Eloy Herrera

Payee address; City; State; Zip Code

04-29-03

10610 Gulfdale San Antonio Texas Ste 103 78216

\$300.00

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Mailer Printing Service

Date

Payee name

Amount (\$)

Tee-Shirt Warehouse

Payee address; City; State; Zip Code

04-29-03

1424 Callaghan Rd San Antonio TX 78228

\$96.00

Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Campaign tee shirts

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

②

2 FILER NAME

Sandra Martinez

3 ACCOUNT # (Ethics Commission filers)

NA

4 Date

04-29-03

5 Payee name

Standard funding

6 Payee address; City; State; Zip Code

335 Crossway Park Dr. Woodberry NY 11797

7 Amount (\$)

\$65.12

8 Purpose of payment (See instructions regarding type of information required.)

Office Liability Insurance

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05-01-03

Payee name

Post Master

Payee address; City; State; Zip Code

Amount (\$)

\$740.00

Purpose of payment (See instructions regarding type of information required.)

Postage

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount

03 JUL 2003

AM 10:47

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE G

03 JUL 22 AM 10:47

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

①

2 FILER NAME

Sindra

3 ACCOUNT # (Ethics Commission filers)

N/A

4 Date

5 Payee name

Heather Ramon-Ayala

6 Payee address; City; State; Zip Code

115 Harcourt San Antonio TX 78223

7 Purpose of expenditure (See instructions regarding type of information required.)

Mailer

8 Amount (\$)

\$550.00

☒ Reimbursement from political contributions intended

4-28-03

Date

Payee name

Allied

Payee address; City; State; Zip Code

3700 Blanco Rd # TX 78212

Purpose of expenditure (See instructions regarding type of information required.)

Advertising / signs

Amount (\$)

\$1080.49

☒ Reimbursement from political contributions intended

05-2-03

Date

Payee name

Capital Realty Investments

Payee address; City; State; Zip Code

2700 Anderson Lane Austin TX 78757

Purpose of expenditure (See instructions regarding type of information required.)

Rent / Campaign Office

Amount (\$)

\$100.00

☒ Reimbursement from political contributions intended

07-14-03

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED